Name of Organization

P.O. Box 141097 AUSTIN, TEXAS 78714-1097 800/572-5548 512/834-6610

Telephone No.

DO NOT WRITE IN THIS BOX - FOR HEALTH DEPARTMENT USE ONLY			
Date Received:	Remittance #:		
Date Reviewed:	7C790-178		
Date Approved:	Amount Received:		
License Number:	Fiscal Year:		
Date Issued:	Date Mailed:		

ASBESTOS TRAINING PROVIDER LICENSE APPLICATION

A license is required for asbestos training providers in accordance with 25 TAC 295.31-75. The annual fee of \$500 must accompany the application. **Send a cashiers check or money order** payable to the "Texas Department of Health - 7C790-178." **DO NOT SEND CASH.**

Please type or print all requested information in the spaces below and submit all required documentation as listed on this form. Applications will not be processed until all necessary documentation has been provided. **LICENSE FEES ARE NONREFUNDABLE**.

		()		
Mailing Address	City	State	Zip Code	
Physical Address (if different from above)	City	State	Zip Code	
The following documentation must be provided in accordance with Health Protection Rules:	ood standing from the haid, or a letter of executificate from the Texa (295.39 (e)(1).).) in accordance with \$295.55 (f).	ne State Com imption (issue as Secretary o	ptroller of Pued by same offi of State authorized and (e)(3).	blic ice).

APPLICATIONS WILL NOT BE CONSIDERED UNLESS THEY ARE SIGNED BY APPLICANTS, ALL QUESTIONS ARE ANSWERED, AND ALL DOCUMENTATION IS SUBMITTED. THIS FORM SUPERSEDES ALL PREVIOUS EDITIONS. REVISED JULY, 2000.

APPLICATION IS CONTINUED ON BACK

ASBESTOS TRAINING PROVIDER LICENSE APPLICATION Page Two

CERTIFICATION: I hereby certify that I have received a copy of the Texas Asbestos Health Protection Rules, have read and understand them, and agree to comply with them. I also understand that it may be a second degree felony to submit any forged or fraudulent documents in order to obtain a license (Texas Penal Code 3710) and that the maximum penalty is twenty (20) years in prison and a \$10,000 fine. I acknowledge that any falsification or misrepresentation will result in the denial of my application and that all information I have provided is correct, complete, and true to the best of my knowledge.

Signature of Company Officer	Date
Name and Title of Company Officer (type or print)	

IMPORTANT

Sample Format for Experience

Company Name	Dates of Employment	Experience (detailed)	Contact Name & Phone Number

- * Mail this application and other required documentation to the attention of: Asbestos Trainer Licensing Section, Toxic Substances Control Division, Texas Department of Health, P.O. Box 141097, Austin, Texas 78714-1097.
- * Applications will be processed in the order they are received.
- * Applicants submitting course schedules will not receive priority with the processing of their applications.
- * If your application is complete, allow a <u>minimum</u> of 30 days for processing.
- * Within 30 days of receipt of your application, a "Deficiency Notification" form will be sent if additional documentation is required or errors are contained in your application. You will have 90 days from the date on the "Deficiency Notification" to complete your application. If the required deficiency information is not received in the specified time period, your application will be denied due to abandonment in accordance with §295.38 (e)(2)(A) of the Texas Asbestos Health Protection Rules.
- * An applicant for a new training provider's license shall not conduct any asbestos courses in the State of Texas **FOR ANY REASON** until a license has been issued by the Texas Department of Health.